

Care Quality Commission

Inspection Evidence Table

The Boileau Road Surgery (1-570634390)

Inspection date: 30 September 2022

Date of data download: 10 October 2022

Overall rating: Good

Effective

Rating: Requires improvement

At the previous inspection in November 2019 we told the provider they should consider ways to improve cervical screening and childhood immunisation uptake. We also said they should continue to improve Quality and Outcomes Framework (QoF) performance particularly for long-term conditions and reduce exception reporting. These, with the exception of childhood immunisations, were highlighted as areas for improvement in the inspection prior to the last, in September 2016.

At this inspection in September 2022 we were not able to obtain more recent QoF data for the management of long-term conditions, due to changes made during the COVID-19 pandemic. Whilst the provider gave us some evidence of steps they had taken to try and improve uptake of childhood immunisations and cervical screening and provided us with unverified data from their clinical records system, published data for the period 01/04/2020 to 31/03/2021 showed their achievement in these areas mostly remained significantly below target. Therefore we have rated the service as requires improvement again for providing effective services.

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Management of people with long term conditions

Findings

- At the previous inspection in November 2019 we told the provider should continue to improve Quality and Outcomes Framework performance particularly for long-term conditions (specifically diabetes and hypertension) and reduce exception reporting. At this inspection in September 2022,

due to the modification of QOF requirements as detailed above we were unable to directly compare the practice's performance in 2018/19 to their performance in 2020/21.

- The provider told us they had prioritised responding to the pandemic and helping to deliver the vaccination programme in 2020/21, therefore some of the QoF monitoring had been delayed. However they had an action plan in place to ensure any outstanding monitoring was identified and carried out from April 2022. This programme was still underway at the time of this inspection.
- The practice provided us with unverified data from their clinical records system which showed (in relation to diabetes), specifically those with a history of cardiovascular disease currently treated with a statin, they had carried out 38 out of 41 reviews (93%). For hypertension, specifically those patients aged 80 or over where the last blood pressure reading was 150/90mmHg or less, 60 out of 80 reviews (78%) had been carried out. This data was unverified at the time of this inspection.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	32	33	97.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	21	33	63.6%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	20	33	60.6%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	19	33	57.6%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	3	9	33.3%	Below 80% uptake

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- At the previous inspection of 27 November 2019 we looked at the practice's achievement in childhood immunisation for the period 01/04/2018 to 31/03/19. We found the practice's immunisation rates were below the World Health Organisation (WHO) targets. The provider advanced a number of reasons for this including the practice having a large number of patients originating from Japan, who were immunised in Japan where the immunisation schedule was different to the UK. In addition, the provider told us many families refused to have their child immunised and others attended private clinics for vaccinations but did not update the practice. We told the provider they should consider ways to improve cervical screening and childhood immunisation uptake.
- For this inspection in September 2022 we reviewed the data for the practice's achievement in childhood immunisations for the period 01/04/2020 to 31/03/2021. Published data showed a significant improvement in one of the indicators (children aged 1 who had completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B) which had improved from 78% at the previous inspection to 97%. The WHO target of 95% had been met in this case.
- However, with respect to the other three indicators, published data for the period 01/04/2020 to 31/03/2021 showed the practice's achievement remained below target and had declined since the previous inspection. For example, for the percentage of children aged 2 who have received immunisation for measles, mumps and rubella their achievement had declined from 74% to 58% and for children aged 2 who had received their booster immunisation for Pneumococcal infection, achievement had declined from 69% to 64%.
- The provider told us following the previous inspection the practice proactively reviewed their performance using data from their patient records system on a regular basis. They had a protocol in place whereby the parents of any children with missing vaccinations were contacted by text and phone and encouraged to book. After three failed attempts their details were passed to a GP or nurse to follow up.
- The practice also promoted a local hub nurse service where appointments for vaccination could be booked, including at evenings and weekends. This was in addition to appointments available at the practice.
- Parents of newborn babies were automatically sent a message inviting them to make an appointment for their baby's 6-8 week check. At that appointment parents were offered an appointment for their baby to have their vaccinations started. The provider told us this approach had been very successful especially for children under 2 years old. They showed us current data from their clinical records system showing their achievement in this indicator was 97% with one child out of 30 remaining outstanding. This data was unverified at the time of this inspection.
- However for children aged under 5 years (MMR booster), there continued to be challenges. The provider showed us their data which reflected an achievement of 67% (22 out of 33) who had received this vaccination. We saw the system recorded 43 eligible children for this vaccination, however the provider told us 10 of these children were "ghost patients"; patients who had moved out of the area and had been removed from the patient list but remained on their target list. The provider was making attempts to have this error corrected.
- The provider told us the challenge around ensuring immunisation records for children who were vaccinated abroad was matched to the UK schedule continued. To try and address this the practice had a designated member of staff who was responsible for inputting immunisation data onto patient records, after the practice nurse had cross checked them. If any vaccinations were outstanding, they were immediately offered to patients.

- The provider told us they had responded effectively to sudden national/local immunisation campaigns, for example the Polio booster campaign and were using this as an opportunity to catch up on any outstanding childhood immunisations.
- The provider told us they would continue taking steps to improve performance in childhood immunisations to improve uptake.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	42.2%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	52.6%	48.9%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	57.0%	57.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	50.0%	56.0%	55.4%	No statistical variation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Any additional evidence or comments
<ul style="list-style-type: none"> • At the previous inspection of November 2019 the practice's achievement for cervical screening was 48% for the period 01/04/2017 to 31/03/2018. This was significantly below the national target of 80%. Current published data showed achievement had decreased slightly to 42% as at 31/03/22. • The provider told us they recognised this was an area for improvement. They continued to try and improve uptake by regularly reviewing their registers and contacting patients by who were overdue using a variety of methods. They told us they regularly discussed achievement in cervical screening at practice meetings to ensure all staff were aware and involved in increasing uptake, flagging patients who were overdue and reminding them to book appointments, offering screening tests opportunistically and ensuring results were received for all tests conducted. • Additional cervical screening appointments were available at the local hub, which could be booked through the practice and were available at weekends and evenings as well as during the week. • The practice told us although patients did tend to book an appointment once they had been contacted, a sizeable number then failed to attend. These were proactively followed up on. • Patient information about cervical screening was made available in patient waiting areas and nurses' rooms.

- The provider gave us data from their records system for achievement in cervical screening. This showed as at 31/3/22 for patients aged 25-49, 273/418 (65%) of eligible patients had undergone cervical screening. For patients aged 50-64, 146/198 (74%) of eligible patients had undergone cervical screening. This was unverified data at the time of this inspection.
- The provider told us they would continue taking steps to improve performance in cervical screening to improve uptake.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- At the previous inspection in November 2019 we told the provider they should further develop quality improvement including clinical audit to drive improvement in patient outcomes.
- At this inspection in September 2022 the provider gave us an example of an audit they had carried out on patients prescribed Direct Oral Anticoagulants (DOACs) (medicines which stop blood from thickening). The purpose of this audit was to ensure, particularly in the light of challenges in carrying out face to face monitoring during the COVID-19 pandemic, patient's doses were correct. They also considered if, where clinically safe, patients could be moved onto a DOAC which required less rigorous monitoring. During this two-cycle audit the practice had analysed all patients prescribed DOACs (46 patients) and found out of those 16 were missing some form of monitoring. They investigated the reasons for the missing data and found the majority of these patients had either had blood tests already completed in hospital, had upcoming blood test appointments or had been sent reminders to book their blood test. It was found many of the patients who appeared to have not had appropriate monitoring had previously had the relevant blood tests organised by the hospital. Doctors were reminded to check the system and update patient records accordingly. The audit was then repeated. The results showed the practice did not have up to date results for only two patients and these were immediately followed up on.
- Other examples of recent clinical audits carried out by the provider included a prescribing safety audit on Non-steroidal anti-inflammatory drugs (NSAIDs) (medicines that are widely used to relieve pain, reduce inflammation, and bring down a high temperature) and antibiotic prescribing; ensuring the correct first line antibiotic was prescribed and that prescribing was appropriate.
- Other examples of quality improvement activity included housing an on-site physiotherapist, targeting improving achievement in cardio-vascular disease health checks and engaging a clinical pharmacist to carry out an audit of the use of inhaled steroids for patients with asthma.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > 1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a SICBL average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a SICBL average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease.
- UKHSA:** UK Health and Security Agency.
- QOF:** Quality and Outcomes Framework.
- STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.